

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/590,87

FILING DATE

27 APR 2007

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2			/			
3	6		/			
4	6		/			
5	6		/			
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TOTAL IND.	/	↓	/	↓		↓
TOTAL DEP.	5	←	5	←		←
TOTAL CLAIMS	6	[REDACTED]	6	[REDACTED]		[REDACTED]

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.				↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						